

PATENT APPLICATION FEE DETERMINATION RECORD

Application or Doctor Number

APPLICATION AS FILED - PART I

(Column 2)

OR

**OTHER THAN
SMALL ENTITY**

MULTIPLE DEPENDENT CLAIM PRESENT (77 OFR 1.160)

TOTAL**TOTAL**

4 | 13 | 06

(Column 2)

(Column 3)

Of

**OTHER THAN
SMALL ENTITY**

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.160)

(Column 2)

(Column 2)

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FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.160)

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

If you need assistance in completing the form, call 1-800-PTO-9129 and select option 2.